

DEPARTMENT OF
HEALTH AND ENVIRONMENTAL SCIENCES

1262339 - R8 SDMS



Solid and Hazardous Waste Bureau
Underground Storage Tank Program
MARC RACICOT, GOVERNOR (406) 444-5970

FAX # (406) 444-1499

STATE OF MONTANA

OFFICE 836 Front Street
LOCATION Helena, Montana

MAILING PO BOX 200901
ADDRESS: Helena, MT 59620-0901

August 24, 1993

Robert S. Utick
1150 11th Avenue
Helena, MT 59601

SUBJECT: Permit# 94-0148 Issued to: Andrew J. & Robert S. Utick
allowing the closure of underground storage tanks and
piping at the following location: 101 W. Main, East
Helena, Facility ID# 25-13141.

Dear Mr. Utick:

Enclosed are the permit, closure checklist, and closure form for
the above-referenced tank removal. Any conditions listed on the
permit must be observed. These procedures must be followed when
completing the closure:

1. The permit must be kept at the site during all phases
of work.
2. An inspector must be onsite for this removal. Please
contact Howard Reid, at 447-8352, 7 days in advance to
arrange for an inspection. The inspector will sign the
permit, checklist, and closure forms. The owner must
sign the closure forms also. The owner and inspector
will each keep a copy and the Department will receive a
copy.
3. Once the tanks are removed, a site assessment must be
completed in order to determine the presence or absence
of a leak. This includes collecting soil samples that
must be sent to a laboratory for analysis. Soil
sampling requirements are outlined on the permit.
Samples must be received by the lab within two weeks of
sampling or the results may not be valid and resampling
will be required.
4. If the owner/operator or inspector discovers any
evidence that a tank or piping may have leaked, he or
she must immediately notify the department and conduct
any necessary corrective action in accordance with
state regulation 16.45.601 through 606 ARM.

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5. The enclosed forms must be completed and submitted to the department within 30 days of removing the old tanks. The forms may be sent in with the soil sampling results from the laboratory. We also ask that if 1993 tank registration tags were issued for the removed tanks they be returned to the department.

If you have questions regarding the permit or tank removal requirements, please don't hesitate to call our office.

Sincerely,

Susan McAnally

Susan McAnally
Environmental Specialist

enclosures: - Permit
 - Closure Checklist
 - Closure Forms
 - Tank Closure Without Tears

UNDERGROUND STORAGE TANK PERMIT**PERMIT NUMBER** 94-0148

Andrew J. & Robert S. Utick (449-3474)

IS GRANTED A PERMIT TO:

(owner/operator name)

_____ install
three close
 _____ modify
 _____ repair

UNDERGROUND STORAGE TANK(S) AND/OR PIPING AT:101 W. Main, East Helena, MT

(site address/location)

Facility ID # 25-13141

Proposed work date(s):

August**RECEIVED**

Licensed Installer: _____

Local Inspector: Howard Reid or other L&C County UST Inspector

SEP 13 1993

Department Inspector: _____

MDHES
Solid and Hazardous Waste Bureau
UST/UST Programs

PERMIT CONDITIONS: Tanks must be properly inerted or purged before removal. Soil samples must be received by the lab within 2 weeks of sampling in lab-approved containers.

- Contact City-County Health Dept. (447-8352) at least 7 days prior to tank closure to schedule inspection. All tanks, piping, & related appurtenances not to be used further must be removed.
- Collect one soil sample under each tank under 600 gal., 1-2 ft. below center of tank. Collect two soil samples under each tank over 600 gal., one from each end, 1-2 ft. below base of each tank. For piping removal collect soil samples at 20 ft. intervals at base of piping trench. Up to 5 piping trench samples may be combined into one composite sample for analysis.
- Analyze gas tank/piping soil samples for TPH as gas by G.C., mod. EPA method 8015; analyze used oil tank soil samples for TPH as used oil by G.C., mod. EPA method 8015; if significant contamination is present for used oil tank, collect additional sample & analyze for total lead, total cadmium, total chromium, & purgable organics.

Permit Issued By _____

Date: 8/24/93

(Permit is valid for 6 months unless otherwise stipulated)

Susan McNally

I certify that the work for which this permit was issued was conducted in accordance with all applicable statutes and rules, and the conditions specified in this permit.

OWNER: _____

LICENSED INSTALLER: _____

signature

date

I certify, that to the best of my knowledge, the work for which this permit was issued and that I witnessed being conducted, was completed in accordance with all applicable statutes and rules, and the conditions specified in this permit.

INSPECTOR: _____

signature

date

Inspector comments:

*Slight gas odor in Excavation*No. of Hours on Inspection: 3**THIS PERMIT MUST BE AT THE WORK SITE WHEN WORK IS BEING CONDUCTED.**

installer copy—white;

inspector copy—yellow;

department copy—pink;

owner copy—goldenrod